



## Western Montgomery Career and Technology Center

77 Graterford Road, Limerick, PA 19468  
PHONE (610) 489-7272 FAX (610) 489-8778  
[www.westerncenter.org](http://www.westerncenter.org)

*Serving the Pottsgrove, Spring-Ford and Upper Perkiomen School Districts*

### **Federal and State Background Checks and Clearances Step-By-Step Instructions for VOLUNTEER CLEARANCES**

Pennsylvania requires that companies entering into co-op or internship agreements have one adult in the workplace (with volunteer clearances) who will be designated as the supervisor of the student (clearances are needed if the student learner is a minor; no clearances are required for those supervisors working with students at or over age 18).

The designated supervisor shall be the one responsible for the student's welfare while at work. This supervisor must be in the "immediate vicinity" (an area in which he/she is physically present with the student and can see, hear, direct and assess the activities of the student) at regular intervals with the student.

Clearances are in effect for 60 months (5 years). The designated supervisor must have the following clearances:

- Act 114: Federal Criminal History Record (Fingerprinting)
- Act 34: Pennsylvania State Criminal Record Check
- Act 151: Pennsylvania Child Abuse History Clearance

**Act 114 – Federal Criminal History Record (Fingerprinting) - apply online at  
<https://identogo.com> Fee: \$22.60 (subject to change)**

**Waiver: If you have been a Pennsylvania resident for 10 years, you do not need to apply for Act 114 clearances. Instead, please read, sign and submit the "Disclosure Statement Application for Volunteers" (attached as Appendix A).**

#### **PROCEDURES FOR THOSE REQUIRED TO OBTAIN FINGERPRINT**

**CLEARANCES.** Applicants will receive an unofficial copy of their report. Payment is to be made at the fingerprint location. The fingerprint process follows:

**Registration** - The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete enrollment in the computer system. The registration website is available 24 hours/day, seven days per week at <https://identogo.com>.

When registering on-line, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should begin the process again and reenter the correct Service Code. If the applicant proceeds under the incorrect code, the pre-enrollment and/or results cannot be transferred to another state agency and the applicant will have to start the process over and pay for the background check again.

**The PA service code for area technical schools is: 1KG6NX**

**The PA service code for school districts is: 1KG6XN**

1. **Payment** - The applicant will pay a fee of \$22.60 (subject to change) for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Payment is to be made at the fingerprint location. Major Credit Cards as well as money orders or cashier's checks payable to **IDemia** will be accepted on site for those applicants who are required to pay individually (one check per person). No cash transactions or personal checks are allowed.
2. **Fingerprint Locations** – After registration, the applicant proceeds to the fingerprint site of his/her choosing. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://identogo.com>.
3. **Fingerprinting** – The fingerprinter will review the applicant's qualified State or Federal photo ID (driver's license or passport) before processing the applicant's transaction. A list of approved ID types may be found on the IDEMIA website at <https://identogo.com>. After the identity of the applicant has been established, all ten fingers are scanned to complete the process.
4. **Report Access** – For the public or private school or higher education institution to access the official report via the electronic system, applicants must present their **UEID** to the hiring entity (as shown on the receipt provided after fingerprint capture). This process allows an applicant to provide multiple potential employers with their **UEID**, as the report is linked to the UEID number and not assigned to any specific school. If an applicant has lost their receipt or needs to confirm UEID, the applicant may visit the website (<https://identogo.com>) and simply check status of their file by providing alternate personal information. Applicants will enter their personal information after clicking in the lower portion of that screen to obtain their receipt with the UEID.

Applicants will receive an unofficial copy of their report. If you receive this through email, open it only if you can print it. The report will only be accessible one time. The school is **required to review the official results online** and print its own copy.

## **FINGERPRINT PROCESSING AND STORAGE**

The applicant's scanned fingerprints and registration information will be electronically transmitted by IDEMIA to the FBI. The fingerprints are run against the FBI database, and the report is sent from the FBI back to IDEMIA. Currently, IDEMIA maintains the reports for **five years** from the date of the report on a secure server (accessible by authorized representatives). After five years, the reports are destroyed. If an applicant is required to obtain a new report after five years, the applicant must be fingerprinted again.

Following is the step-by-step process for online enrollment.

1. Enter website . . . <https://identogo.com>
2. Click "Get Fingerprinted".
3. Select a fingerprinting service by state ("Pennsylvania"), and click "Go".
4. Click "Digital Fingerprint".
5. Enter your service code: **1KG6NX** for area technical schools or **1KG6XN** for school districts
6. Click "Go".
7. Choose "schedule or manage an appointment".
8. Complete your personal information: First Name, Middle Name, Last Name (choose suffix only if it applies, if not leave blank).
9. Date of birth & confirm date of birth ie: 03/02/1990

10. Method of contact: enter Email and confirm Email
11. Country
12. Phone Number
13. Click "Next"

**14. Agency Identifier:**

Create a security question  
Enter your answer for that question. Click "Next".  
Choose your country of birth  
Enter your city of birth  
Enter your state of birth  
Choose your country of citizenship  
Click "Next"

**15. Personal Questions:**

Have you ever used an alias? (Alias is any other name you may have used, including maiden name.)

**16. Residential Address:**

Is your mailing address the same as your residence?

**17. Coupon Code:** Click "No" Click "Next"

**18. Alias:**

Enter any other name you may have used if applicable (including maiden name).

**19. Personal Information:**

Height/weight /hair color/eye color/preferred language/gender/race/ethnicity.  
Click "Next"

**Documents:**

Enter your mailing address  
Country – Address – City – State – Zip Code. Click "Next".  
Choose method of identification. (ie: driver's license)  
Does the name you are enrolling under match the name on the documents you selected?  
Click "Next"  
Search for an enrollment center by postal code/city & state. Click "Search".  
Click you choice of enrollment centers. Click "Next".

**20. Choose your appointment or designate walk-in.**

Click "Submit"

You will receive an email confirmation. Bring that and your selected identification with you to the fingerprint site.

**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Act 34 – PA State Criminal Record Check - apply online at  
<https://epatch.state.pa.us> - Fee: No Charge (Volunteer)**

1. Register online at <https://epatch.state.pa.us>. This clearance is quite easy – often your certificate is available online instantly – it can be printed from your computer.
2. Click on “New Record Check (Volunteer Only)”.
3. Read through, check box, and click “Accept”
4. Complete the boxes:

Reason for request: **Volunteer Free**

Volunteer Organization Name: Western Montgomery CTC

Volunteer Organization Phone: 610-489-7272

First Name:

Middle Name:

Last Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country:

**For email address, you may enter either your business or personal email.**

Email Address:

Confirm Email Address:

Phone Number:

Click “Next”

5. Personal Information for Review:

Review Personal Information

Click “Proceed”

6. Record Check Request Form:

First name

Middle Name

Last Name

Suffix – if applicable

Identity Theft # - if applicable

Social Security Number (Highly Recommended)

Date of Birth

Sex

Race

Alias and/or Maiden Name

Click “Enter this Request”

7. Disregard the second Entry Request Review. Simply go below a little bit lower and click "Finished"
8. Record Check Request Review click "Submit"
9. Click on "Control Number"
10. Record Check Details:

Click on: Certification Form  
 Epatch: State.PA.US Click "OK"

11. Print the certificate: Pennsylvania State Police Response for Criminal Record
12. Exit the system

**Act 34** – Submit your certificate – looks like the document below:

**Pennsylvania State Police**  
 1600 Elmerton Avenue  
 Harrisburg, Pennsylvania 17110

**Response for Criminal Record Check**

THE CERTIFICATE IS ONLY VALID FOR VOLUNTEER PURPOSES. THE PENNSYLVANIA STATE POLICE DOES NOT AUTHORIZE THIS FORM FOR ANY OTHER USE

TELEPHONE [REDACTED]

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: [REDACTED]  
 Date of Birth: [REDACTED]  
 Social Security #: [REDACTED]  
 Sex: [REDACTED]  
 Race: White  
 Date of Request: 12/18/2018 10:16 AM  
 Purpose of Request: Volunteer

Maiden Name and/or Alias (1) [REDACTED] (2) [REDACTED]  
 (3) [REDACTED] (4) [REDACTED]

\*\*\* HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS. REFER TO CONTROL # [REDACTED] \*\*\*

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS. THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972)

Certified by:  
*Lt. F.P. Bowen*

DISSEMINATED BY: SYSTEM  
 12/18/2018 10:16 AM

Lt. Floyd P. Bowen  
 Director of Criminal Records & Identification  
 Pennsylvania State Police

**Act 151 – PA Child Abuse History Clearance - apply online at  
<http://www.compass.state.pa.us/CWIS/>**

Register online at <https://www.compass.state.pa.us/CWIS/>

1. Click "Create Individual Account" and then click "Next"
2. Read the welcome statement. Click "Next".
3. Create a New Keystone ID (must be 6-64 characters). Write your selection here:  
ID \_\_\_\_\_
4. Complete your personal information: first name, last name, date of birth (ie. 01/01/1962), email address, confirmed email address
5. Choose 3 security questions from the choices given, provide the answer to the security question in the box - write down the questions and answers below (they are case sensitive)

Question 1 \_\_\_\_\_ Answer \_\_\_\_\_

Question 2 \_\_\_\_\_ Answer \_\_\_\_\_

Question 3 \_\_\_\_\_ Answer \_\_\_\_\_

Answer the given security question and click "Finish".

6. You will receive an email usually within a few minutes with a temporary password. Re-enter the system. This time click "individual login". Click "access my clearances".
7. Read the "learn more" statement and click "continue".
8. Keystone Key – Enter your chosen Keystone ID (see #3). Enter your emailed temporary password. Click "login".
9. In the security questions block, click "start".
10. In the private device block, click "select".
11. Set your permanent password by following the guidelines listed (at least 8 characters, at least one upper case letter, at least one lower case letter, one special character). Type in the password twice. Click "submit".

Record your selected new password here: \_\_\_\_\_


12. At the congratulations screen click "close window".
13. Terms & Conditions – read, check that you read the statement and click "next".



14. Learn More – read the statement and click “continue”.
15. Click “create clearance application”.
16. Read the getting started statement and click “begin”.
17. Record your eClearance ID number here: \_\_\_\_\_
18. Read the Application Purpose and click the statement that begins “Volunteer Having Contact With Children. . .”.
19. Under volunteer category, click “Other”.
20. Type in the agency name: Western Montgomery CTC Click “next”.
21. Applicant information: enter first name, middle name, last name, suffix (if applicable), date of birth and gender.
22. Click “yes” for social security number and type in your number (there is an option to click “no” but it may extend the time to obtain your clearance results).
23. Check your email address. Check yes or no for previous names/nicknames (a maiden name is a previous name). If applicable, add your previous name or nickname and click “add”.
24. Add your contact number: phone type, phone number, extension. Click “add”. Click “next”.
25. Type in your current address: country, address, city, state, zip code and county.
26. Answer the question, is your mailing address the same as your home?
27. Click “yes” that you want a paper copy. Click “next”.
28. On “Add Previous Addresses” page, enter addresses of places you have lived since 1975 and click “Next” (fill in information “as best you can recall” ...if only the city and state, that’s okay). Requested are: country, address, city, state, zip code, county. Click “add”. After you have added all your previous addresses, click “next”.
29. On “Household Members” page, list anyone living with you since 1975. Requested are: first name, middle name, last name, relationship, gender and current age. Click “add” until all have been added, then click “next”.
30. On “Application Summary” page, review your information you entered and click “Next”.
31. On the “eSignature” page, click “no” to verify that you have not received your free volunteer certification since the listed date. Click the affirmation statement. Type in your name for the signature. Click “next”.
32. Click “no” to state that you have no authorization code. Click “next”.
33. The Submission Confirmation includes instructions to check your email for the result of your application. Click “logout” and close your browser.

34. The email to obtain your clearance results says: Please click here. Click "individual login", Click "access my clearances".
35. Read the Learn More statement and click "continue".
36. Type in your Keystone ID (see #3).
37. Type in your Keystone Password (see #11). Click "login".
38. A block will say "your application has been processed. To view result, "click here".
39. Print your certificate and click "logout" at the top right. Close your browser.

**Act 114** – Submit your certificate – it looks like the document below:



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**PENNSYLVANIA CHILD ABUSE  
HISTORY CERTIFICATION**

0026779620101

[REDACTED]

[REDACTED]

[REDACTED]

CERTIFICATION ID: [REDACTED]

CERTIFICATION PURPOSE: VOLUNTEER

VERIFICATION DATE: 12/18/2018

SOCIAL SECURITY #: XXX-XX-[REDACTED]

DATE OF BIRTH: [REDACTED]


The above named person has applied for a Pennsylvania Child Abuse History Certification pursuant to 23 Pa. C.S., Chapter 63 related to the Child Protective Services Law. NO RECORDS EXIST in the Pennsylvania Department of Human Services' Statewide database listing [REDACTED] as a perpetrator of an Indicated or Founded report of child abuse.

Applicants are required to show the Administrator the results of their Child Abuse History Certification. Administrators are required to keep a copy of this Child Abuse History Certification on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

**ISSUED BY** Commonwealth of Pennsylvania  
Department of Human Services  
**CHILDLINE AND ABUSE REGISTRY**  
ChildLine Verification Unit  
P.O. Box 8170  
Harrisburg, PA 17105-8170  
1-877-371-5422

016390

CV8930-600



**ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT**

**To complete the process, please provide two certificates (Act 34 and Act 151) as pictured in this documentation, and your Act 114 UIED# \_\_\_\_\_ (or your signed statement that says you have lived in PA for 10 years – Appendix A) to:**

Mrs. Barb Mueller  
Cooperative Education Coordinator  
Western Montgomery CTC  
77 Graterford Road  
Limerick, PA 19468  
bmueller@westerncenter.org  
610-489-7272 ext. 218

If your clearances have been completed previously for a reason other than this work experience, please complete the form “Arrest/Conviction Report and Certification Form” (to certify that you have not had any arrests or convictions since the clearances) – Appendix B and submit it with your latest clearances (as long as they are not five years old). If your clearances are over five years old, you must get new clearances.

**Copies of the clearances must be provided to the Western Montgomery CTC Cooperative Education office before a minor can begin employment.**

**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
(under Act 24 of 2011 and Act 82 of 2012)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names by  
which you have  
been identified: \_\_\_\_\_

**Section 2. Arrest or Conviction**

☐

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

☐

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

**Details of Arrests or Convictions**

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

\_\_\_\_\_  
\_\_\_\_\_

**Section 3. Child Abuse**

☐

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

☐

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

- A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
---	---
- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

- A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.